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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/618,525	
	Filing Date	July 11, 2003	
	First Named Inventor	Shawn L. Archer	
	Art Unit	3738	
	Examiner Name	David H. Willse	
Total Number of Pages in This Submission	9	Attorney Docket Number	20799.NP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Thorpe North & Western, LLP		
Signature			
Printed name	Steve M. Perry		
Date	May 26, 2006	Reg. No.	45,357

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
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Typed or printed name	Steve M. Perry	Date	May 26, 2006

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PATENT APPLICATION
ATTORNEY DOCKET NO. 20799.NP

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

ART UNIT: 3738

EXAMINER: David H. Willse

APPLICANT: Shawn L. Archer

SERIAL NO.: 10/618,525

CONFRM. NO.: 5057

FILED: July 11, 2003

FOR: WRIST DEVICE FOR USE WITH A
PROSTHETIC LIMB

DOCKET NO. 20799.NP

**RESPONSE/
AMENDMENT**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

In response to the Office Action, mailed March 8, 2006, Applicant offers the following Amendment and requests reconsideration of the above-captioned application.

CERTIFICATE OF MAILING
UNDER 37 C.F.R. § 1.8

DATE OF DEPOSIT: 5/26/06

I hereby certify that this paper or fee (along with any paper or fee referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated above and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Steve M. Perry
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